

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
HUMAN SERVICES DEPARTMENT**



Case No. _____

Expedited Service _____

**FOOD DISTRIBUTION PROGRAM
APPLICATION**

If you cannot fill out the application, another member of your household or an adult who knows you may complete the form and return it to us. Human Services have workers available to assist with completing the application if necessary.

When you mail the application, please send proof of all household income, for example: pay stubs, award letters for Government benefits (SSI, or Social Security). We may also need statements of all household savings, savings accounts and dependent care costs.

Your Name _____ Social Security No _____

Address _____ City _____ State _____ Zip _____

Telephone _____ County _____

PLEASE LIST THE MEMBERS OF YOUR HOUSEHOLD (Include Yourself)
Do not list roomers or boarders

Name	Relationship	Birth date	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Include the social security numbers of each family member who has one. This will help us to identify your household correctly. The social security numbers may also be used in program reviews or audits to make sure your household is eligible for food distribution. We are authorized to ask for this information under the Tax Reform Act of 1976.

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740
Physical Address: 915 Emmet Street, Petoskey, MI 49770
Phone: (231) 242-1620 Fax: (231) 242-1635

In this section we ask you to list all of your resources:

Bank Accounts

- | | | |
|----------------------|----------|----------------------------------|
| 1. Cash on hand | \$ _____ | Name and location of bank: _____ |
| 2. Savings Accounts | \$ _____ | _____ |
| 3. Checking Accounts | \$ _____ | _____ |
| 4. Stocks, Bonds | \$ _____ | _____ |
| 5. Savings bonds | \$ _____ | _____ |

Income from work

Each member of your household who has a full time or part time job should be listed below. If a member has more than one job, list each job separately. List any member who receives pay from CETA or WIN. **DO NOT LIST SELF EMPLOYED MEMBERS.**

ATTACH VERIFICATION OF WAGES.

Household member's names	Name of employer or company	Gross* amount of each check	How often paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*State the amount of pay BEFORE deductions such as taxes, retirement or union dues are taken out.

Self Employment

Is anyone in your household self employed? _____ Yes _____ No

IF YES, we need a copy of your Schedule C from your tax forms.

Child Support of Day Care Paid Out

Does anyone in your household pay someone to baby sit, care for a child or disabled adult or pay court ordered child support?

_____ Yes _____ No

IF YES, how much do you pay? _____ How often paid? _____

What is the name of the person who provides this care?

Name _____ Telephone _____

Address _____

Food stamps

Does anyone in your household currently receive food stamps? _____ Yes _____ No

USDA Food Program

Have you ever applied for our food program in the past? _____ Yes _____ No

If YES, under what name? _____

What county did you live in when you applied last? _____

Income from other sources

Source of Income	Members Receiving	Amount	How Often
AFDC (Aid to families With dependent children)	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
Social Security (Blue/Green Checks)	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
SSI (Supplemental Security Income) (Gold Checks)	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
GA (General Assistance)	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
VA (Veteran's Benefits)	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
Pensions or Retirement	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
Unemployment/Worker's Comp	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
Child Support or Alimony	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
Money from friends/family	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
Any other (odd jobs for cash) Please verify with receipts	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or call (202) 702-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Reporting Requirements

Certified households are required to report the following changes within **ten days of the date the change becomes known to the household**:

1. Changes in income that would affect program eligibility.
2. All changes in household composition, such as the addition or loss of a family member.
3. When cash on hand, stocks, bonds and money in a bank account or savings institution reach or exceed a total of \$1,750.
4. When cash on hand, etc. exceeds \$3000 for all households with two or more members if at least one member is 60 years or older.

Penalty Warning

If your household receives food distribution it must follow the rules below:

DO NOT give false information or hide information to receive or continue to receive food distribution commodities.

DO NOT trade or sell food distribution commodities.

DO NOT use someone else's food distribution commodities for your own household.

NOTICE

APPLICANT, PLEASE TAKE NOTE THAT YOU CANNOT RECEIVE FOOD COMMODITIES AND FOOD STAMPS IN THE SAME MONTH. TO DO SO IS ILLEGAL AND SUBJECTS YOU TO POSSIBLE FRAUD CHARGES BY THE LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS OR THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES.

PLEASE SIGN THIS DOCUMENT ACKNOWLEDGING YOU HAVE READ THIS STATEMENT AND FULLY UNDERSTAND ITS CONTENTS. THANK YOU FOR YOUR COOPERATION.

PLEASE READ AND SIGN

I understand the questions and statements on this application. My answers are correct and complete to the best of my knowledge.

I understand that I may have to provide documents to prove what I have reported. I agree to do this. If documents are not available, I agree to provide the name of a person or organization to contact to obtain necessary proof.

Your signature_____ Today's date_____

Witness (if you signed with an X)_____

You and your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person that you choose.

AUTHORIZED REPRESENTATIVE

You can authorize someone outside of your household to get food distribution commodities for you. If you would like to authorize someone, write the person's name below:

Name_____ Address_____

Telephone_____ Relationship_____